

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Josephine Rowen Date: 4-25-06
(Please Print)

Residence Address: 986 Camino Dr. (Optional)

City: Santa Clara Zip 95050

Phone No.: (408) 247-0642 (Home) (optional) (Work)

Email: _____

I represent: CAC

I wish to speak: FOR _____ AGAINST ☒ Agenda Item No. 5-E

[See Reverse Side for Instructions]

CITY OF SANTA CLARA

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: ED Rowen Date: 4/25
(Please Print)

Residence Address: 986 CAMINO DR (Optional)

City: Santa Clara Zip 95050

Phone No.: (408) 247-0642 (Home) (optional) (Work)

Email: ed@p50.com

I represent: CAC

I wish to speak: FOR _____ AGAINST ☒ Agenda Item No. 5-E

[See Reverse Side for Instructions]

CITY OF SANTA CLAR.

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Stephen Hazel Date: 4-25-06
(Please Print)

Residence Address: _____ (Optional)

City: _____ Zip _____

Phone No.: _____ (Home) _____ (Work)

I represent: Myself

I wish to speak: FOR _____ AGAINST _____ Agenda Item No. 5E

[See Reverse Side for Instructions]

CITY OF SANTA CLAR^

SPEAKER'S CARD

(To be used when there are more than 10 speakers per item)

Name: Bernie Henschke Date: 4-25-06
(Please Print)

Residence Address: 160 Arcadia (Optional)

City: S.C. Zip 95051

Phone No.: 296-2068 (Home) _____ (Work)

I represent: Self

I wish to speak: FOR _____ AGAINST _____ Agenda Item No. 5E

[See Reverse Side for Instructions]